



**Notice of Independent Review Decision - WC
IRO REVIEWER REPORT – WC**

DATE OF REVIEW: 08/15/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat EMG Right Upper Extremity 95885, A412, 95900, 95904, 99213
Repeat NCV Right Upper Extremity 95885, A412, 95900, 95904, 99213

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Plastic Surgery
Specializing in Hand and Upper Extremity
Certified with the American Academy of Disability Evaluating Physicians

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input checked="" type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Repeat EMG Right Upper Extremity 95885, A412, 95900, 95904, 99213 – UPHELD
Repeat NCV Right Upper Extremity 95885, A412, 95900, 95904, 99213 –
OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Follow Up Evaluation, Nova Rehabilitation Center, 08/11/10, 04/09/12
- Neurological Evaluation, M.D., 06/15/10, 05/03/12

- Operative Report, M.D., 09/16/10
- Correspondence, D.O., 02/20/11, 07/16/12
- Initial Medical Report, D.O., 08/29/11
- Operative Report, Dr. , 09/30/11
- Evaluation, Dr., 10/03/11, 10/17/11, 10/31/11, 11/14/11, 12/12/11, 09/30/11, 03/15/12
- Pre-Authorization Request, Dr., 05/07/12
- Denial Letters, Coventry, 05/10/12, 06/12/12
- Correspondence, Law Offices, 06/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was seen on 08/11/10 at which time carpal tunnel syndrome was diagnosed. Neurologic examination on 06/15/10 was noted to be grossly intact. Diagnosis was carpal tunnel syndrome. Prior surgery 9/16/2010 included decompression of superficial radial nerve, first dorsal compartment, and second dorsal compartment. Postoperatively, recurrent de Quervain's, pronator syndrome, radial nerve entrapment, and carpal tunnel syndrome were diagnosed on 08/29/11. On 09/30/11 de Quervain's, radial nerve, and carpal tunnel releases were performed endoscopically.

Follow-up initially noted no symptoms, but six-week post-operative follow-up noted numbness on the ulnar side of the right third finger and radial side of the right fourth finger consistent with injury to the third common digital nerve. Numbness persisted. Return to function was quite slow. First dorsal compartment injection was given. While sensory loss is not well documented in the record, persistent numbness is noted in the distribution of the third common digital nerve. Request for EMG/NCV study of the median nerve was noted on 03/15/12.

Follow-up on 04/09/12 with Dr. noted full range of motion with no sensory examination performed.

Neurologic evaluation on 05/03/12 noted persistent numbness between the third and fourth digits with a positive Tinel's sign at the wrist.

Non-certification of the requested service, EMG/NCV study, was noted on 05/10/12. A request for reconsideration of the 05/10/12 denial of pre-authorization letter is noted with denial again on 06/12/12.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Recommendation includes denial for EMG study, right upper extremity. EMG study offers no benefit in this case. There is no documented atrophy or motor complaints. There is no rationale or indication per ODG for EMG study.

Recommendation includes certification for NCV study, right upper extremity.

Based on reliability of the examinations and medical records contained therein, the patient has likely sustained an injury to the common digital nerve, which would cause numbness on the ulnar side of the third finger and radial side of the long finger. Distal entrapment that was not present pre-operatively is unlikely to be present post-operatively. If the complaints and examinations are reliable, nerve conduction studies will show the level of the injury, which can assist in future care. If the nerve studies are negative, then there is no objective evidence of any injury to account for the symptomatic complaints. Therefore, NCV study is certified as a reasonable and necessary diagnostic test.

References:

1. *AMA Guides to the Evaluation of Permanent Impairment*, 4th Edition. American Medical Association, 6th printing, October, 2003.
2. *Official Disability Guidelines (ODG)*, 17th Edition, 2012, The Work Loss Data Institute. Online Edition.
3. *The Medical Disability Guidelines (MDG)*, 6th Edition, The Reed Group, 2012. Online Edition.
4. *AMA Guides to the Evaluation of Disease and Injury Causation*, American Medical Association, J. Mark Melhorn, William E. Ackerman, 2008.
5. *A Physician's Guide to Return to Work*, American Medical Association, James B. Talmage, MD, J. Mark Melhorn, MD 2005.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**